Title

Laparoscopic Hysterectomy for Failed Labor Induction Abortion Is neither Frugal nor Innovative

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Letter to the Editor

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To the editor:

The case report of Baekelandt and Bosteels [1] describes “a new technique of hysterotomy via laparoscopy for a failed termination of pregnancy, as an alternative for a hysterotomy via laparotomy.” This unfortunate patient was receiving care at an institution that attempted for 7 days to induce labor for Trisomy 21 at 18 weeks gestation. Based on Belgian law, she also likely had to endure a compulsory 6-day waiting period. The authors performed a procedure that they claim is “frugally innovative” and could be performed in “low resource settings.” The irony in this statement is remarkable. Have these physicians ever heard of a dilation and evacuation procedure, which is the preferred method of terminating pregnancies in the second trimester? Their novel technique is neither frugal nor innovative. The physicians who cared for this patient put her through a long induction only to be followed by invasive surgery which resulted in retained placental tissue for which she had another procedure (hysteroscopy). The safety of dilation and evacuation over hysterotomy was established decades ago and performing the procedure laparoscopically will not change such conclusions [2]. Dilation and evacuation results in fewer complications than all methods of labor induction abortion that do not involve mifepristone, [3-6] including in low-resource settings [6]. The appropriate message of this case report should not be that the described technique can be used as a means to avoid hysterotomy via laparotomy. Rather, the authors

would have served the medical community better by pointing out that they had to resort to such a procedure because a trained surgeon was not available to perform a dilation and evacuation procedure, a much less invasive and safer second-trimester uterine evacuation techniques. This patient had a hysterotomy with retained placental tissue because the standard of medical care was not as high as it should have been for someone needing a second-trimester abortion at the authors' institution.

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